

DISA WELLNESS PROGRAM AGREEMENT

Employee's Name _____

Organization _____ Telephone _____

I understand that participation in the DISA Wellness program is strictly voluntary. I understand that my supervisor has the authority to revoke privileges if abuse is suspected, and that my supervisor may also reschedule my exercise activity for a different day of the week or time of the day in order to meet the needs of the organization. I understand that this program uses official work time to allow participation in an exercise program and I agree to adhere to the requirements of the program.

My Wellness program will consist of the following:

Activity: _____

Location of Activity: _____

Days and times: _____
(no more than 3 days, a week, one hour per day)

Employee's Signature Date

Federal Occupational Nurse/Medical Practitioner Certification

This certifies that above named employee completed a health profile and pre-screening on:

(a) _____ Based on the results of the profile, there are no known results that preclude the employee from engaging in the program outlined above.

(b) _____ Based on the results of the health profile and medical screening, it is recommended that the employee coordinate an exercise plan in accordance with their physician's recommendations.

Occupational Nurse or Medical Practitioner/Date

IF BLOCK B IS MARKED. EMPLOYEE MUST SUBMIT PHYSICIANS RELEASE TO ENGAGE IN DISA WELLNESS PROGRAM.

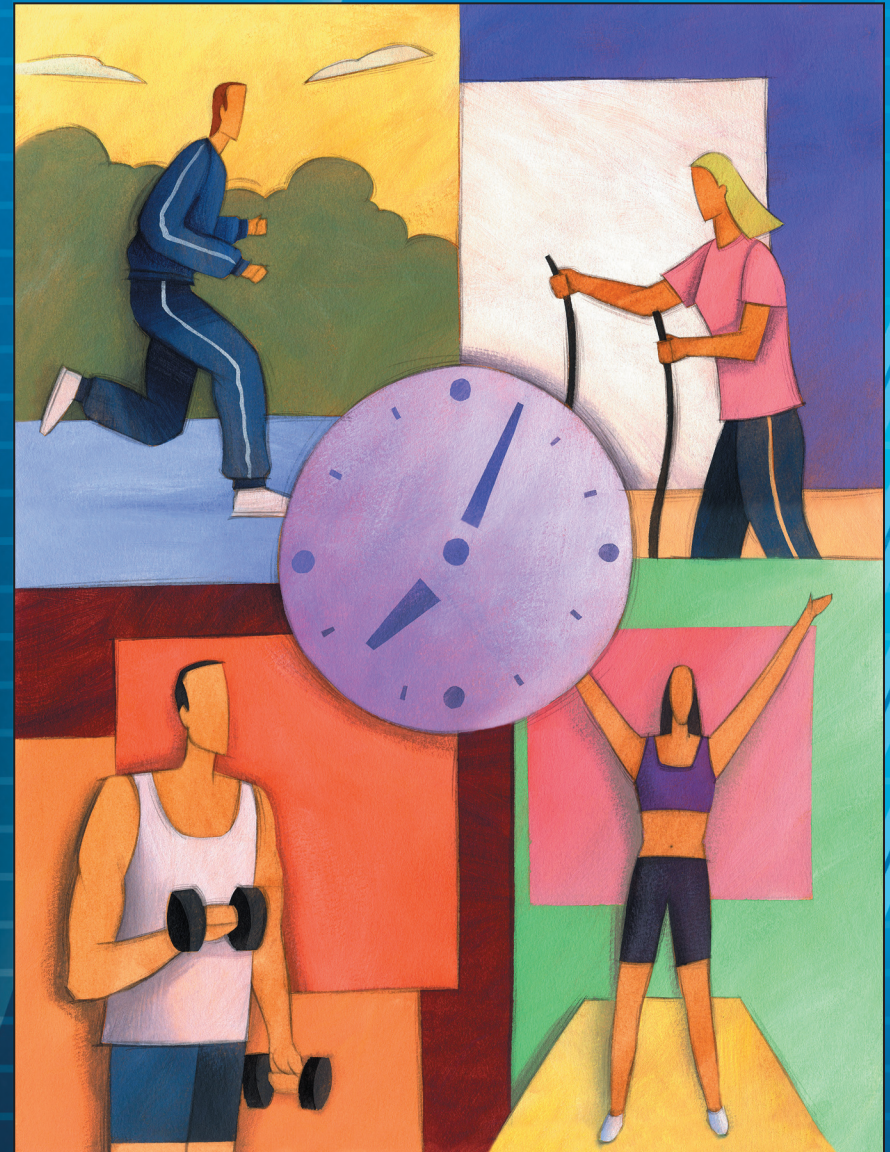
Supervisor Certification

I approved/disapprove the above DISA Wellness Program Plan, which will be in effect from _____

_____ through _____

Supervisor's Signature Date

THE DISA WELLNESS PROGRAM



DISA



The Office of Personnel Management's **HealthierFeds** initiative emphasizes educating the Federal family about healthy living and best-treatment strategies. **HealthierFeds** fully supports President Bush's **HealthierUS** initiative for a healthier America, helping Americans live longer, better, and healthier lives by encouraging daily physical activity, nutritious eating habits, preventive health screenings, and making healthy choices.

For further information click on <http://www.opm.gov/healthierfeds/#>.

WHAT IS THE WELLNESS PROGRAM?

The Wellness Program is an added benefit to all DISA employees wanting to participate in an exercise program during the workday without charge to leave for a maximum of one (1) hour per day, three times per week for an eight week period. The eight week period is a one time only benefit.

CAN I CONTINUE AFTER THE EIGHT WEEK PERIOD HAS EXPIRED?

Yes. In addition to the eight week Wellness Program, employees may adjust their work schedules to accommodate exercise, upon supervisory approval.

Healthful Living

DO I NEED MY SUPERVISOR'S APPROVAL?

Yes. Supervisors are encouraged to allow employee participation.

WHY HAVE A WELLNESS PROGRAM?

The Wellness Program encourages and motivates employees to partner with DISA to develop a healthy lifestyle and enhance existing DISA programs, such as the Employee Assistance Program and the Safety Program.

DO I NEED A PHYSICAL EXAM TO PARTICIPATE?

Yes. Prior to beginning the program, employees must successfully clear a health screening and be periodically monitored to note progress and achievement goals.

HOW DO I APPLY?

You and your supervisor must document the exercise days and times on the DISA Wellness Program Agreement (the back of this brochure) which is used to certify the medical screening. The signatures of yourself and your supervisor are required.

HOW CAN I FIND OUT MORE?

The Manpower, Personnel, & Security Corporate Management Information System, <https://MPS-CMIS.ncr.disa.mil>

Employees may request to participate in the 8-week Wellness Program every three years.